



HOW MUCH DOES THE LEFT MAIN BIFURCATION ANGLE CHANGE THROUGHOUT THE CARDIAC CYCLE? QUANTITATIVE IMPLICATIONS FOR LEFT MAIN BIFURCATION STENT DESIGNS

i2 Oral Contributions

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Background: Unprotected left main (LM) stenting is now an accepted alternative to coronary bypass grafting. The LM bifurcation represents a novel design challenge for coronary stents as it supports more than 1 billion cardiac cycles over a 30-year period. The coronary arteries shift substantially during the systolic-to-diastolic phase transition, resulting in complex angle deformation through which an LM bifurcation stent must track. The 3-D motion and angular changes have not been quantified in living patients, but cardiac CTA (CCTA) now provides a method for accurately measuring this motion. We thus used CCTA in living patients to calculate the 3-D angle changes between the LM, left anterior descending (LAD), and left circumflex (LCx) arteries.

Methods: Fifty-one patients undergoing CCTA imaging for clinical indications were measured for LM-LAD, LM-LCx, and LAD-LCx angle changes from peak systole to diastole using commercial 3-D CTA software. Centerline coordinate points using fiducial locations and angles corresponding to specific phase changes were manually recorded and used for calculation.

Results: Though mean angle changes from systole to diastole between the LAD-LCx was 4.1 degrees, large differences between maximum and minimum values indicate a broad range for bifurcation angle changes across patients.

Conclusions: LM bifurcation geometry in 3-D shows that the LAD-LCx bifurcation is the most dynamic. These data may provide design information for future LM bifurcation stent designs.

Bifurcation Location	Mean Angle change* (N=51)	Maximum Angular change	Minimum Angular change*	Mean Absolute Angle, Systole (+SD)	Mean Absolute Angle, Diastole (+SD)
LM-LAD	0.022	43.5	0.2	146.55±15.14	146.52±15.24
LM-LCx	3.12	51.8	1.1	122.05±23	118.93±24.38
LAD-LCx	4.14	42.3	0.2	72.26±26.77	76.40±26.59